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## PROJECT DESCRIPTION

**Cluster Group Affiliation**—HIV Outreach

**Congressional Districts Served**—Massachusetts 6<sup>th</sup>

**Purpose, Goals and Objectives**—Proyecto Encuentros' purpose is to build upon the existing capacity of a network of community-based agencies to reduce the proportion of minority, particularly Latino, HIV/AIDS cases and increase the number of minority clients in treatment through outreach, expanded treatment capacity, and case management. The stated project goal is to use outreach and consumer-based approaches and post detoxification rehabilitation capacity to generate at least 100 referrals to treatment, engage at least 80 individuals in case management for no less than six months, and to engage at least 35 individuals in residential treatment. Objectives are to increase its street outreach team by two full-time equivalent (FTE) bilingual/bicultural staff with the aim of contacting 100 new members of the target population, to add five post detoxification residential rehabilitation beds for servicing a minimum of 35 additional people from the target population, to employ two bilingual/bicultural case managers to ensure a six-month, postdetoxification connection for 80 members of the target population, and to prevent an increase in HIV transmission via IV drug use and associated sexual contact among noninfected target population members.

**Target Population/Geographic Service Area**—The target population of the project is minority—particularly Latino, intravenous drug users (IDUs) and men having sex with me (MSM) who inject drugs in Salem and Lynn, Massachusetts.

**Theoretical Model**—Proyecto Encuentros is based upon a simple logic model: utilizing the social network to reach and engage substance abusers and to focus case management with indigenous outreach in naturalistic settings. In this model, both the consumer and the service provider networks are reinforced to retain the client in care. Social network theory and community network intervention are incorporated in the project model. The model both targets the social networks and employs community networks to intervene with the target population.

**Service Providers**—CAB Health & Recovery Services, Inc. (CAB), is a 42-year-old community-based nonprofit organization offering inpatient detoxification and methadone maintenance services in residential day and evening outpatient settings, prevention services, treatment for incarcerated clients, and diversion as well as adolescent drug court services through seven locations in Eastern Massachusetts. CAB has longstanding relationships with other community-based organizations including Vigilantes Organizados Contra El Sida (VOCES), a collective of Latino physicians seeking to reduce HIV/AIDS rates, and the Northshore AIDS Collaborative.

**Services Provided**—Proyecto Encuentros adds five residential rehabilitation beds, two focused case managers, and two FTE bilingual/bicultural street outreach workers to the existing services of CAB. Under this project, minority, particularly Latino, IDU and MSM injecting drugs can access medical detoxification, transitional care, residential treatment, intensive outpatient day and evening treatment, other outpatient treatment, prevention and education, focused case management, and child care services.

**Number of Persons Served**—Proyecto Encuentros seeks to generate at least 1,000 contacts, 100 referrals, and 1,852 days of care for 35 target population clients as well as case management services for 80 to 100 people from the target population.

**Desired Project Outputs**—Proyecto Encuentros hopes to reduce the proportion of minority, particularly

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Latino, HIV/AIDS cases and increase the numbers of minority clients in treatment. Objectives include inducing a minimum of 35 additional people from the target population to access detoxification, ensuring a six-month postdetoxification connection for 80 members of the target population, and preventing an increase in HIV transmission via IV drug use and associated sexual contact among noninfection target population members. Other outputs are described in the objectives and evaluation sections.

**Consumer Involvement**—The community-based organizational network will ensure the inclusion of the target population. The Northshore AIDS Collaborative provides a vehicle for consumers to review project findings, and monthly progress reports will be provided to enlist feedback as well as to engage consumers.

## EVALUATION

**Strategy and Design**—Although not explicitly stated, process evaluation is included. Outcome evaluation is stated and tied to project objectives. Process evaluation will be done through analysis of outreach worker logs—either bi-weekly or monthly. Data elements will be selected upon review by the project evaluator. For treatment outcomes, data on residential rehabilitation clients will be culled from admission and discharge forms and the instruments described below as well as the clinical record and monthly progress reports.

**Evaluation Goals/Desired Results**—Evaluative outreach goals are to generate at least 1,000 contacts, 100 referrals, and user groups in Salem and Lynn. Evaluative treatment goals are to generate 1,852 days of care for 35 target population clients. The evaluative case management goal is that 80 to 100 people from the target population will receive case management services and will benefit from them. The evaluative network management goal is a significant increase in the activity and coordinating role of the Northshore AIDS Collaborative.

**Evaluation Questions and Variables**—The evaluation question is, “To what extent are the project objectives met?” For outreach, data treatment outcome variables will be captured in the admission, quarterly, and discharge forms and instruments described below as well as the clinical record. These variables include demographics, health status, use history, psychosocial status, functional measures, treatment engagement, and medical status. Outcome variables are tied to objectives. Outcome measures will include the number of target population clients referred to treatment compared with the baseline number established by the evaluator. Other measures are the number of new consumers (80 projected) in treatment for at least six months, the number of admissions from the target population, and the number who test HIV negative and remain virus free while in focused case management. An additional evaluation for those remaining in case management for at least six months will be functional measures of vocational/employment activities, connection with primary care, and manifestations of qualities such as anger, conflict, and social interaction. Other data elements will be standardized units of hours of activity, unduplicated contacts, numbers of referrals, services utilization, and retention culled from program forms and data collection instruments.

**Instruments and Data Management**—The instrument that will be utilized to capture treatment data will be the Massachusetts Treatment Outcomes and Performance Pilot Study (TOPPS II) enhanced admission form and its subcomponents, i.e., the TOPPS II Residential Quarterly Assessment Form. Other data sources will be outreach logs, focused case management logs, and additional program forms that record hours of activity, unduplicated contacts, numbers of referrals, services utilization, and retention culled from program forms and data collection instruments. The project evaluator will provide three monthly summary reports: an outreach report, a client summary and services utilization report, and a case management client retention summary report. Unique client identifier numbers will be provided by the management information system to facilitate tracking and ensure confidentiality. The project evaluator will also review primary data sources.

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**APPROVED FUNDING LEVEL**

01: \$423,197                      02: \_\_\_\_\_                      03: \_\_\_\_\_

**Funding Start Date** 9/00

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